



## AFFIDAVIT OF LOST, DESTROYED OR STOLEN BENEFITS

<b>AFFIDAVIT OF LOST, DESTROYED, OR STOLEN:</b>  Energy Assistance Check Crisis Assistance Check Completion of this form meets the requirements of § 20.912(5) and 16.41(1) Wisconsin Statutes.	County	Case Number
	Total Benefit	Replacement Date
	Check Number	
1. Name of Primary Recipient		2. Telephone (       )
3. Current Address		4. Date moved to this address?
5. Previous Address		6. Do you have a locked mailbox? Yes       No
7. Did you notify the Energy Assistance Agency of your move?    Yes       No       N/A		
<b>AFFIDAVIT</b>		
8. My assistance check is missing because:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           It was not received through the mail            It was stolen from my mail box            It was stolen or extorted from:                me, in person                a member of my family (name): _____                other (specify): _____         </div> <div style="width: 45%; text-align: right;">           It was received, but subsequently destroyed         </div> </div>		
I certify, under penalty of criminal law, that neither any member of my family (household) nor I have received, directly or indirectly, or spent the check described as missing. I agree that if I find it or subsequently receive the missing check, I will return it to the agency where I applied for Energy Assistance. This information is true and complete to the best of my knowledge. I understand that I may be subject to criminal penalties if any part of the above information is false.		
Signature of Recipient, Guardian or Personal Representative		Date
Signature of Witness (if witnessed)		Date
<b>Address of Witness</b>  Street or P.O. Box		
City, State, ZIP Code		
Signature of Agency Representative		Date

This document can be made available in accessible formats upon request to qualified individuals with disabilities.